

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
Registered No. 43

1. PLACE OF BIRTH

County Gila, State Arizona,
District or Township Globe, or Village _____
City Globe, No. County Hospital, St. Private Room
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Still Born,
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes. 7. Date of birth 2 22 1926
Month Day Year
(If child is not yet named, make supplemental report, as directed.)

8. FATHER
Full name Arthor Kahrman,

9. Residence (Usual place of abode) Globe,
If non-resident, give place and state.

10. Color or race White,
11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Conn,
(State or country)

13. Occupation Clerk
Nature of industry

14. MOTHER
Full maiden name Ada Elizabeth Taylor,

15. Residence (Usual place of abode) Globe,
If non-resident, give place and state.

16. Color or race White,
17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Brooklin,
(State or country) New York,

19. Occupation Housewife,
Nature of industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:15 P.m. on the date above stated
(Born alive or stillborn.)

Signature G. E. Wright Physician.
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Ariz.
Filed 2/28 1926 W. W. Hord
Registrar _____ Registrar

025-222-139

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.